

## Catawba County Emergency Medical Services

### **Staff Member Verification: Confidentiality and Dissemination of Patient Protected Health Information**

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Catawba County EMS prohibits the release of any patient information to anyone outside the organization and discussions of protected health information (PHI) within the organization should be limited to what is necessary within my job duties and responsibilities. Acceptable uses of PHI within the organization include, but are not limited to, peer review, internal audits, quality assurance and billing.

I understand that Catawba County EMS provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Catawba County EMS patients. I understand that it is necessary, in the rendering of Catawba County EMS services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such confidential information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure except for treatment, payment, and health care operations.

I agree that I will comply with all confidentiality policies and procedures set in place by Catawba County EMS during my entire employment with Catawba County EMS. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of Catawba County EMS immediately. In addition, I understand that a breach of patient confidentiality may result in disciplinary actions, including termination, by Catawba County. Upon termination of my employment for any reason, or at any time upon request, I agree to return any and all patient information I may have in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by Catawba County EMS. I agree to all conditions of my employment set forth in this agreement. This is not a contract of employment and does not alter the nature of the employment relationship between Catawba County EMS and me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_